

# CLAIMS ONLY Best Available Copy

Application Number

101539786

Filing Date

Applicant(s)

CLAIMS

	AS FILED		AFTER FIRST AMENOMENT		AFTER SECOND AMENOMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
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49						
50						
Total Indep	3					
Total Depend	17					
Total Claims	20					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						